

**EXHIBIT 2**  
**CLAIM NO. 3634**

4819-3446-6078.1

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT      EASTERN DISTRICT of MICHIGAN		<b>RECEIVED</b>
Name of Debtor: <u>City of Detroit, Michigan</u>		<b>MAR 06 2014</b>  <b>KURTZMAN CARSON CONSULTANTS</b> <small>COURT USE ONLY</small>
Case Number: <u>13-53846</u>		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Benson, Lynette</u>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: NameID: <u>11701509</u>  <u>Benson, Lynette</u> <u>19141 Ohio</u> <u>Detroit, MI 48221</u>		
Telephone number: _____ email: _____ Name and address where payment should be sent (if different from above):  <div style="text-align: center;"> <input checked="" type="checkbox"/> <b>Date Stamped Copy Returned</b>  <input type="checkbox"/> <b>No self addressed stamped envelope</b>  <input type="checkbox"/> <b>No copy to return</b> </div>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>1225.90</u>  If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Property Damage - Car</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>4466</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: <u>LB</u>		
Value of Property: \$ <u>1225.90</u>		
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box.		
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: <u>Lynette Benson</u> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____ <div style="text-align: center;">  <span style="margin-left: 20px;">(Date) <u>2-11-14</u></span> </div>		
Telephone number: <u>313 258-3981</u> email: _____		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Lynette Benson  
19141 Ohio  
Detroit, MI 48224

June 21, 2011

Claimant: Lynette Benson (Tree Claim: Damage to Vehicle)  
DOL: 4.28.2011  
Claim amount: Not Specified on the Claim Form by the Claimant  
Location: 19141 Ohio

Dear Ms. Benson:

We received your Claim on June 13, 2011. Your Claim stated, "the tree in front of my neighbor('s) house is very rotted, a large lim broke off crashing on to my car, crunching my hood and bum(p)er." You **did not** specify the amount of damages in item 8 of the Claim's application; you **did not** provide a certificate of title verifying ownership of the vehicle and you **did not** provide a copy of the automobile insurance policy with Starr indemnity & liability Company.

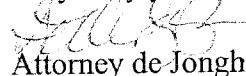
Please be advised that the pursuant to the laws of the State of Michigan, the City of Detroit is protected by governmental immunity from all liability and damages caused by falling trees or tree limbs. See *Pohutski v. City of Allen Park* 465 Mich 675, 994; 641 NW 2d 219 (2002).

Also, in accordance with MCL 691.1401 (e): "Highway means a public highway, road, or street that is open for public travel and includes bridges, sidewalks, trailways, crosswalks, and culverts on the highway. **The term highway does not include** alleys, trees, and utility poles.

Therefore, your claim is denied, since governmental immunity applies to your claim.

You may appeal this decision to the Auditor General. If you wish to appeal this matter, you must advise the Law Department, within twenty (20) days of June 22, 2011. To request an appeal, please return a copy of this letter and complete the information listed below.

Very truly yours,



Attorney de Jongh

Supervising Assistant Corporation Counsel

YES I request an Appeal

Name: Lynette Benson (Print) Address: 19141 Ohio

Date: 6-24-11 Signature: Lynette Benson

To Whom It May Concern, to 2-5-1

I have enclosed The information requested and also the Request for 3 estimates were enclosed in my last Claim.

Damages to my Vehicle was stated and Estimated on 3 Estimates enclosed in the Claim forms sent to my Resident.

Ohio Street is a Public Street open for and to the Public for travel.

With this I am requesting an appeal.

Copy of letter Completed + Enclosed

Thank you  
Signature [illegible]

UN 2884

## AL GENDEL'S COLLISION GARAGE

**Bumping - Painting - Insurance - Specialists**  
**10031 W. 7 Mile Rd. (At Wyoming)**  
**DETROIT, MICHIGAN 48221**

BODY AND FENDER REPAIRS - EXPER  
REPAIR FACILITY REG # F216716

NAME \_\_\_\_\_

**ADDRESS**

**RAI**

**PHON**

**DATE**  
**WANTED**

YEAR-MODEL-COLOR		MAKE OF CAR	BODY TYPE	LICENSE NO.	SERIAL NO.	MFG. PAINT NO.	VEHICLE
1974		Ford	Truck	1000			
PAIR	REPLACE				SUBLET WORK	PARTS AND MATERIALS	TOTAL
		HOOD LRC,				18000	10
		LEFT END				11700	29
		FRONT COVER				11500	33
		WHEELS				9500	
						2000	13
						31700	139
						67-10	
						12000	
I certify that vehicle has been							
repaired to its original condition							
relative to safety and appearance							
Repairer					State #		
TOWING							
SUB TOTALS							

I certify that vehicle has been repaired to its original condition relative to safety and appearance.

Repairer: \_\_\_\_\_ State # \_\_\_\_\_

## TOWING

**SUB TOTALS**

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORK ON DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY, THIS ESTIMATE CANNOT COVER SUCH CONTINGENCY PARTS OR LABOR WHICH MAY BE REQUIRED.

THIS WORK AUTHORIZED BY

# ESTIMATE SHEET AND REPAIR ORDER

705C